

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>21032</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Gary G Dunham P.O. Box, Bldg., Room No., if any P O Box 301 Street 433 E Ave W City Walford State Iowa ZIP Code - 4 52351-0301	4. Name, file number, and address of labor organization. Name Teamster Local 238 Labor Organization File Number 006-334 P.O. Box, Building and Room Number, if any P O Box 909 Street 5000 J Street SW City Cedar Rapids State Iowa ZIP Code + 4 52424-0909
5. Position in labor organization. Secretary/Treasurer & Business Rep.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Gary Dunham 8-15-05

On

08/08/2005

Date

319-365-1461

Telephone Number

Name of Person Filing Gary Dunham	File Number U-
-----------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Wellmark Blue Cross Blue Shield of Iowa</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 636 Grand Avenue</p> <p>City Des Moines</p> <p>State Iowa ZIP Code - 4 50309</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Cedar Rapids Airport comm. Maintenance Dept</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 51 1st Avenue Bridge Floor 3 Aud</p> <p>City Cedar Rapids</p> <p>State Iowa ZIP Code + 4 52401</p>	<p>11.a. Nature of such dealing.</p> <p>Providing Health Insurance plan to employees</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Wellmark held a conference on their product and Health care trends, with lunch provided at the facility for Des Moines Triple A baseball team. After lunch we were allowed to stay and attend the game in the Company's skybox.</p>
	<p>12.b. Amount. \$50</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Gary Dunham

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Cedar Rapids Police Department

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 51 1st Avenue Bridge Floor 3 Aud

City Cedar Rapids

State Iowa ZIP Code + 4 52401

11.a. Nature of such dealing.

Providing Health Insurance plan to employees

11.b. Approximate dollar value of such dealing.

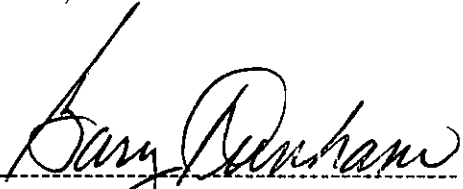
12.a. Nature of interest held or income received.

Wellmark held a conference on their products and health care trends with lunch provided at the facility for Des Moines Triple A baseball team. After lunch we were allowed to stay and attend the game in the company's skybox.

12.b. Amount.

\$50

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.


Signature

8-15-05
Date